
Appendix E

TRI Form R and Form A for 1997

Facilities reporting to the Toxics Release Inventory submit their information on TRI's Form R. If a facility's total annual reportable amount of a chemical does not exceed 500 pounds, and the facility does not manufacture, process, or otherwise use more than 1 million pounds of the chemical, it may submit a Form A certification statement. (Form A certification statement reporting is further explained in Chapter 1.) This appendix supplies copies of the Form R and Form A certification statement for the 1997 reporting year.

FORM R

The 1997 Form R is divided into two parts:

Part I, Facility Identification Information, contains information on such matters as name, address, parent company information, and contact names and phone numbers for the facility.

Part II, Chemical-Specific Information, contains information such as chemical identity, facility activities and uses of the chemical, amounts of on- and off-site releases and transfers off-site for further waste

management, on-site waste treatment methods and efficiencies, on- and off-site waste management quantities, and information on source reduction and recycling activities.

FORM A CERTIFICATION STATEMENT

The 1997 Form A certification statement consists of facility identification information and chemical identification, as in Form R. Facilities do not report on the Form A certification statement amounts or other information about their use, releases, or waste management of the chemical.

Readers who are interested in a more in-depth understanding of who is required to report to TRI and how to fill out the forms, should refer to the EPCRA Information Hotline at 1-800-424-9346. Reporting software, forms, and instructions for the current reporting year are available from EPA's Web site at <http://www.epa.gov/opptintr/tri/report.htm>.

**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act**WHERE TO SEND COMPLETED FORMS:** 1. EPCRA Reporting Center
P.O Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR** _____**SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☐ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
 (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number _____

Facility or Establishment Name _____ Facility or Establishment Name or Mailing Address(if different from street address) _____

Street _____ Mailing Address _____

City/County/State/Zip Code _____ City/County/State/Zip Code _____

4.2 This report contains information for:
 (Important : check a or b; check c if applicable) a. ☐ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility

4.3 Technical Contact Name _____ Telephone Number (include area code) _____

4.4 Public Contact Name _____ Telephone Number (include area code) _____

4.5 SIC Code (s) (4 digits) a. _____ b. _____ c. _____ d. _____ e. _____ f. _____

4.6 Latitude _____ Degrees _____ Minutes _____ Seconds _____ Longitude _____ Degrees _____ Minutes _____ Seconds _____

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. _____ b. _____ a. _____ b. _____ a. _____ b. _____ a. _____ b. _____

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐

5.2 Parent Company's Dun & Bradstreet Number NA ☐

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

1.3 Generic Chemical Name (Important: Complete **only** if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:**3.2** Process the toxic chemical:**3.3** Otherwise use the toxic chemical:

a. ☐ Produce b. ☐ Import

If produce or import:

c. ☐ For on-site use/processingd. ☐ For sale/distributione. ☐ As a byproductf. ☐ As an impuritya. ☐ As a reactantb. ☐ As a formulation componentc. ☐ As an article componentd. ☐ Repackaginga. ☐ As a chemical processing aidb. ☐ As a manufacturing aidc. ☐ Ancillary or other use**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

4.1 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>		
5.2	Stack or point air emissions	NA <input type="checkbox"/>		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1				
5.3.2				
5.3.3				
5.4.1	Underground Injection onsite to Class I Wells	NA <input type="checkbox"/>		
5.4.2	Underground Injection onsite to Class II-V Wells	NA <input type="checkbox"/>		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc)

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	Toxic Chemical, Category, or Generic Name

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)

		NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input type="checkbox"/>		
5.5.1B	Other landfills	<input type="checkbox"/>		
5.5.2	Land treatment/application farming	<input type="checkbox"/>		
5.5.3	Surface Impoundment	<input type="checkbox"/>		
5.5.4	Other disposal	<input type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)	6.1.A.2 Basis of Estimate (enter code)

6.1.B. ____	POTW Name						
POTW Address							
City		State		County		Zip	

6.1.B. ____	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

 in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. ____ Off-Site EPA Identification Number (RCRA ID No.)	
Off-Site Location Name	
Off-Site Address	
City	
State	
County	
Zip	
Is location under control of reporting facility or parent company?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
			%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
			%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
			%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
			%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
			%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

(example: 1,2,3, etc)

EPA FORM R**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES☐

Not Applicable (NA) -

Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES☐

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste

stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **				
8.2	Quantity used for energy recovery onsite				
8.3	Quantity used for energy recovery offsite				
8.4	Quantity recycled onsite				
8.5	Quantity recycled offsite				
8.6	Quantity treated onsite				
8.7	Quantity treated offsite				
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				
8.9	Production ratio or activity index				
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1		a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)			YES <input type="checkbox"/>	NO <input type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(8) including *any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.



**United States
Environmental Protection Agency**

**TOXIC CHEMICAL RELEASE INVENTORY
FORM A**

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR _____

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2;
Attach substantiation forms) ☐ No (Do not answer 2.2;
Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the statement, the annual reportable amount as defined in 40 CFR 372.27 (a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official: _____ Signature: _____ Date Signed: _____

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number _____

Facility or Establishment Name _____ Facility or Establishment Name or Mailing Address(if different from street address) _____

Street _____ Mailing Address _____

City/County/State/Zip Code _____ City/County/State/Zip Code _____

4.2 This report contains information for: (Important : check c if applicable) c. ☐ A Federal facility

4.3 Technical Contact Name _____ Telephone Number (include area code) _____

4.4 Intentionally left blank

4.5 SIC Code (s) (4 digits) a. _____ b. _____ c. _____ d. _____ e. _____ f. _____

4.6 Latitude _____ Degrees _____ Minutes _____ Seconds _____ Longitude _____ Degrees _____ Minutes _____ Seconds _____

4.7 Dun & Bradstreet Number(s) (9 digits) **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **4.9** Facility NPDES Permit Number(s) (9 characters) **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

a. _____ a. _____ a. _____ a. _____

b. _____ b. _____ b. _____ b. _____

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐

5.2 Parent Company's Dun & Bradstreet Number NA ☐

EPA FORM A
PART II. CHEMICAL IDENTIFICATION

TRIFID: _____

SECTION 1. TOXIC CHEMICAL IDENTITY

Report ___ of ___

1.1

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

1.2

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

1.3

Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive).

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)**2.1**

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 1. TOXIC CHEMICAL IDENTITY

Report ___ of ___

1.1

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

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Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

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Report ___ of ___

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